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Draft country programme document**

Ghana

Summary

The Executive Director presents the draft country programme document for Ghana for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $18,600,000 from regular resources, subject to the availability of funds, and $56,400,000 in other resources, subject to the availability of specific purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data† *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	9.8
U5MR (per 1,000 live births)	95
Underweight (%, moderate and severe, 1998)	25
Maternal mortality ratio (per 100,000 live births, 1980)	210
Primary school enrolment (% net, male/female, 1998/1999, 2001/2002)	74/74, 61/59
Primary schoolchildren reaching grade 5 (%, 1999/2000)	66
Use of improved drinking water sources (%, 2002)	79
Adult HIV prevalence rate (%, end 2003)	3.1
Child work (%, 5-14 years old)	57
GNI per capita (US$)	320
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	80

† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Although situated in a region characterized by civil strife and political unrest, Ghana has enjoyed more than two decades of relative peace and has experienced significant progress in democratic governance. Since the promulgation of its 1992 Constitution, there have been appreciable improvements in the guarantees of human rights and civil liberties. Political parties compete in a relatively stable environment. The peaceful presidential and parliamentary election held in December 2004 saw the incumbent party win the poll.

2. The Government's ongoing socio-economic reform process has improved macroeconomic stability and enabled an economic growth rate of 5.2 per cent in 2003, against a target of 4.7 per cent. The challenge is to translate the benefits of growth into greater poverty reduction and improved social indicators. An estimated 44 per cent of the population live on less than one dollar per day, with 68 per cent of these living in the three northern regions, although there are pockets of poverty throughout the country. The Government's priorities are human resource development, private sector development and good governance. The country met its Heavily Indebted Poor Countries completion points requirements in July 2004.

3. With an annual growth rate of 2.7 per cent, Ghana's projected population in 2005 is 21.6 million, of whom 50.5 per cent are women and girls. The 2003 Ghana Demographic and Health Survey (GDHS) reported the infant mortality rate (IMR) and the under-five mortality rate (U5MR) to be 64 and 111 per 1,000 live births respectively, compared to 57 and 108 respectively as found in the 1998 GDHS. There are regional and rural/urban differentials.

4. The main causes of childhood deaths are malaria, respiratory infections, diarrhoea and malnutrition. Only 3.5 per cent of children under five years of age sleep under insecticide-treated bednets. The immunization coverage rate increased from 62 per cent of children fully immunized in 1998 to 67 per cent in 2003. After two years of no reported polio cases, eight imported cases were reported in 2003.

Although no cases have been reported since 2003, as part of the regional effort towards polio eradication, Ghana conducts intensive National Immunization Days that are synchronized with other countries of the subregion.

5. Results from the 2003 GDHS indicated that the proportion of children under five years with stunted growth increased marginally from 26 per cent in 1998 to 30 per cent in 2003, with 11 per cent severely stunted. Malnutrition is attributed to seasonal food availability and poor child feeding practices. Children have multiple micronutrient deficiencies. Only 44 per cent of salt for human consumption is iodized. Seventy-six per cent of children aged 6-59 months have some level of anaemia, with 47 per cent moderately and 6 per cent severely anaemic.

6. Lack of access to safe drinking water and sanitation is directly linked to child morbidity and mortality. Only 46 per cent of the rural population have access to safe drinking water. The rate for rural sanitation coverage is only 28 per cent and interventions tend to be highly subsidized and difficult to replicate and sustain at scale.

7. In 2004, Ghana reported more cases of dracunculiasis (guinea worm disease) than any other country worldwide. Infestation increased from 4,730 cases in 2001 to 8,290 in 2003. The increase was related to poor surveillance and case containment and a lack of safe water. Intensive actions to address the situation commenced in 2004, and during the last quarter of the year there were indications of a reversal of the trend with a 14-per-cent reduction in the number of cases compared to 2003.

8. In 2004, the Government adopted a comprehensive policy on early childhood development that aims to deliver pre-school education services to all children aged four to five years. In the 2003-2004 academic year, 54 per cent of this age group were reached. Although the push for coverage is commendable, a major challenge is to ensure the quality of the services.

9. The gross enrolment rate for primary school increased from 78.3 per cent in 2000-2001 to 86.3 per cent in 2003-2004, and for junior secondary school from 62.1 to 70.2 per cent in the same period. Gender parity indices increased slightly from 0.91 to 0.92 at the primary level over the same period, with a marginal fall from 0.89 to 0.88 at the junior secondary level. Completion rates for the primary level improved from 68.9 to 77.9 per cent between 2000-2001 and 2003-2004. The literacy rate for females is 42 per cent, compared to 66 per cent for males.

10. Among the immediate and underlying causes of poor performance in the education sector are a shortage of school facilities, unaffordable school fees, childhood disabilities, malnutrition, the disease and parasite burden of school children, weak institutional arrangements for implementation, insufficiently trained teachers and unintended exclusion of vulnerable groups.

11. The HIV prevalence rate increased from 2.3 to 3.6 per cent between 2000 and 2003. Peak ages for HIV infection are 25-29 years for women and 30-34 years for men. Fifty-eight per cent of all reported cases are female and 3-5 per cent of reported cases are among children under age 15. As of 2004, 2,000 people living with HIV/AIDS receive antiretroviral (ARV) treatment. The need for detection, treatment and care of HIV-positive children has only recently been raised. There are about 204,000 children orphaned by AIDS. The most common immediate determinants of HIV/AIDS are heterosexual contact (80 per cent) and mother-to-child transmission (15 per cent). The underlying factors are the slow rate of

behavioural change, stigma and discrimination, low status of women, socio-cultural practices and limited access to services.

12. Ghana was the first country to ratify the Convention on the Rights of the Child and its principles influenced the fourth Republican Constitution (1992). The country has submitted two reports to the Committee on the Rights of the Child but the second report, submitted in 2004, has yet to be reviewed by the Committee. The Government has enacted legislation to ensure that children are protected in accordance with international standards, specifically the Criminal Code (Amendment) Act 1998, the Children's Act 1998 and the Juvenile Justice Act 2003.

13. Internal and cross-border trafficking of children occurs but the extent of the problem is unknown and the Department of Social Welfare has only a limited capacity to deal with trafficking. The 2003 Ghana Child Labour Survey reported that 2 million children aged 5-17 years are working. About 33,000 children live on the streets, 71 per cent of whom are illiterate, and many are victims of commercial sex and exploitation. Sexual abuse of children in schools has been documented. In 1998, the Ghana Police Service established the Women and Juvenile Unit to address cases of abuse, violence and defilement of women and children. The Unit's services are available at four centres but it lacks the financial and human capacities to extend services to regional and district levels. Harmful traditional practices, in some parts of the country, include female genital mutilation and the misuse of fosterage systems in a manner that violates children's rights. The birth registration rate rose from 17 to 50 per cent between 2002 and 2004.

Key results and lessons learned from previous cooperation, 2001-2005

14. Since 2002, UNICEF has supported fully the Upper East Region and partially the Northern Region in applying the Accelerated Child Survival and Development (ACSD) approach to scale up the delivery of a high-impact, integrated package of cost-effective interventions to reduce child morbidity and mortality. Key elements include antenatal care, the expanded programme on immunization (EPI) and the Integrated Management of Childhood Illness (IMCI). The approach was implemented by the Ghana Health Service (GHS) in collaboration with non-governmental organizations (NGOs) and research institutions. ACSD is recognized as one of the factors contributing to the sharp reduction in U5MR in Upper East Region from 155 per 1,000 live births reported in the 1998 GDHS to 79 in the 2003 GDHS. The GDHS reports for the same years also indicate a drop in IMR from 83 to 33 per 1,000 live births in the region. This progress is reported against the backdrop of an increase nationally in IMR and U5MR reported in the 2003 GDHS. In late 2004, the Ministry of Health and health development partners adopted ACSD as a national approach to achieve the child survival Millennium Development Goals. The scaling-up of the approach will form the core of UNICEF support to improve child survival and development.

15. UNICEF, in close collaboration with the World Bank, the United Kingdom Department for International Development (DFID) and the United States Agency for International Development (USAID), supported the Ministry of Education in undertaking a comprehensive review of the sector. This formed the basis for the national Education Strategic Plan for 2003-2015, which outlines key strategies for

achieving education-related Millennium Development Goals. The same partnership supported the Government in developing Ghana's plan for the Education for All/Fast Track Initiative, which has already brought an allocation of $8 million to the country. UNICEF piloted school mapping and the development of operational district education plans, which were adopted for nationwide replication. Of 110 districts in Ghana's 10 regions, 105 either completed or are in the process of developing education plans; UNICEF supported this work in 88 districts. The mapping of disparities within districts contributed to improved prioritization and rational utilization of resources, as well as quality improvement and use of education data at local levels.

16. The Government's approval of the 2004 national early childhood policy, developed with UNICEF support, sets the vision for a systematic and sustainable expansion of services and the establishment of standards, a curriculum and indicators for children aged four to five years.

17. Through a partnership initiated by UNICEF and the Government, birth registration coverage jumped from 17 per cent in 2002 to 50 per cent by end of November 2004. Partners included the Birth and Death Registrar, the Ghana Statistical Service (GSS), the GHS, the United Nations Population Fund (UNFPA) and PLAN. UNICEF provided substantial technical and logistical support to the Registrar and facilitated the successful integration of registration into the Ministry of Health's Child Health Promotion Week.

18. Substantial progress was made in supporting national policy and strategy development in the area of child protection. UNICEF gradually shifted from small, often charity-based projects towards supporting the Government's strategy and policy development. In collaboration with the World Bank and DFID, UNICEF is supporting the introduction of a national Social Protection Strategy, which is expected to provide guidance for targeting of social services to Ghana's most vulnerable populations. This strategy will feed into the revised Ghana Poverty Reduction Strategy (GPRS) for 2006-2008, and form the basis for UNICEF cooperation.

19. Major strides were made in supporting GSS and the National Development and Planning Commission in the establishment of a national database, *GhanaInfo*, to ensure regular monitoring of the GPRS and indicators for the Millennium Development Goals. UNICEF played the lead role within the United Nations country team in ensuring that the database is operational at the national level and that plans were developed for rolling it out to regional and districts levels.

Lessons learned

20. By adopting an intersectoral, results-based approach with clear a vision and targets, positive progress was achieved in such areas as birth registration, ACSD and girls' education. The approach facilitated advocacy and enhanced partnerships.

21. UNICEF was successful in bringing its local-level experiences and models for policy and strategy development in a number of areas, including school mapping and district educational plans, ACSD and the HIV/AIDS District Response Initiative, to national level. Key ingredients to the process of bringing demonstration projects to replication include strong collaboration with the Government in the design of models; good baselines; careful monitoring and

documentation; persistent attention to issues of sustainability; and evidence-based advocacy with both government and development partners.

22. Active participation in sector-wide approaches (SWAps) in health and education, in harmonization and alignment processes such as the Multi-Donor Budget Support framework, and in global funds provided opportunities to place children's issues in national policy dialogues and budgeting processes, including leveraging of resources. Experiences with new trends in development assistance and the redefinition of partnerships between the Government and donors point to the emergence of new roles for UNICEF and the United Nations system. Linked to this is the need to develop stronger staff competencies to engage strategically in policy, budget and technical discussions.

The country programme, 2006-2010

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	6 000	32 500	38 500
Education	4 000	12 000	16 000
Protection	3 000	10 000	13 000
Advocacy, communication, monitoring and analysis	2 100	1 900	4 000
Cross-sectoral costs	3 500	—	3 500
Total	**18 600**	**56 400**	**75 000**

Preparation process

23. The development of the country programme began with studies that addressed information gaps to inform the Common Country Assessment (CCA). The consultative processes for preparation of the CCA and the United Nations Development Assistance Framework (UNDAF) involved relevant government ministries, the United Nations system, development partners, civil society, universities and research institutions. The processes were led by the Ministry of Finance and Economic Planning.

24. UNICEF played major roles in all the processes. In the CCA preparation, it led the thematic group on vulnerability and protection and provided substantial input in the areas of education, health, nutrition and water and sanitation. The CCA led to the identification of the UNDAF priorities. Dialogue on the 2006-2010 country programme of cooperation formed part of the 2004 annual review with a wide range of partners. The UNDAF results matrices and the country programmes of UNICEF, the United Nations Development Programme (UNDP), UNFPA and the World Food Programme (WFP) were reviewed and adopted during the Joint Strategy Meeting in January 2005.

Goals, key results and strategies

25. The overall goal of the country programme is to support the Government in realizing the survival, development, protection and participation rights of children and to create an enabling environment to strengthen accountabilities for children.

26. The country programme of cooperation will contribute to the achievement of the following key results which are in line with the GPRS, the UNDAF, the Education Strategic Plan, and/or the Ministry of Health's Programme of Work.

27. The health and nutrition programme component will contribute to the following results. By the end of 2006, all salt will be iodized, Ghana will be declared polio free and the transmission of guinea worm will be broken. By the end of 2009, Ghana will be certified as free of guinea worm disease. By the end of 2010: (a) the ACSD model will be implemented and supported by government and development partners as a national strategy, and contribute to the reduction of U5MR and child malnutrition (underweight) at the rate established in the 2006-2008 GPRS; (b) the ASCD model will be fully implemented in two of the most deprived regions, and U5MR will be reduced by 35 per cent and child malnutrition (underweight) by 20 per cent in these regions; (c) prevention of mother-to-child transmission of HIV (PMTCT) will be implemented nationwide and a national response will be in place for the detection, treatment and care of HIV-positive children; and (d) a cost-effective and sustainable rural sanitation model will be available for national replication, and rural sanitation coverage increased by 35 per cent in the Northern Region.

28. Through the education programme, the following results will be achieved by the end of 2010: (a) a 100-per-cent gross enrolment ratio, and gender equity in enrolment, retention and completion in basic education in the 40 most deprived districts; (b) a model to enhance the quality of pre-schools and improve the developmental readiness for learning of children aged four to five years will be in place for national replication; and (c) 80 per cent of all children aged 10-18 years will possess information and skills to reduce their risks and vulnerability to HIV/AIDS.

29. Under the protection programme, by the end of 2010: (a) the Social Protection Strategy will be accepted, with mechanisms in place and financing available for its progressive implementation; (b) legal and enforcement institutions and systems will have an enhanced and expanded capacity to protect children from violence, exploitation and abuse; (c) 90 per cent of children will be registered during their first year; and (d) institutional capacities and mechanisms will be strengthened to monitor and respond to child trafficking.

30. Under the programme for advocacy, communication, monitoring and analysis, by the end of 2010: (a) the capacities of UNICEF partners at decentralized and national levels will be strengthened through support for the generation, analysis and use of critical knowledge on the situation of children; and (b) *GhanaInfo* will be fully operational at national, regional and district levels.

31. The human rights-based approach will guide the design, implementation and evaluation of all programmes and the following interrelated strategies:

(a) Multilevel institutional capacities will be strengthened for sustained realization of women's and children's rights. The main focus will be on the

Ministries of Health, Education, Local Government, and Women and Children's Affairs, as well the Department of Social Welfare, the Women and Juvenile Unit and the juvenile justice system;

(b) The capacities of parents, families, decision makers, teachers and service providers will be strengthened to meet their obligations to children. The capacities of women and children to claim their rights will be further developed;

(c) The most deprived regions, districts and groups will be the focus of advocacy and support for service delivery and policy development;

(d) An intersectoral approach will be pursued, as will the convergence of interventions supported both by UNICEF and other United Nations agencies;

(e) National policy and strategy development will be influenced by cost-effective models and experiences from community and district levels;

(f) Evidence-based advocacy will be pursued for mobilizing support (financial, political and legal) for the most deprived children, as well the scaling up of "quick wins" for children such as use of insecticide-treated nets and abolition of school fees;

(g) Strategic and synergistic partnerships will be strengthened through joint programming with United Nations agencies and relevant NGOs. Active participation within health and education SWAps, various global funds and the Multi-Donor Budget Support process will be maintained. Use of result-based programming approaches will ensure that all partners are accountable for clearly identified contributions that add up to achievement of national priorities;

(h) As a part of the United Nations system, UNICEF will collaborate with development partners, including the World Bank and International Monetary Fund (IMF), and be guided in its programming by the principles of harmonization, alignment and aid effectiveness agreed upon with the Government.

Relationship to national priorities and the UNDAF

32. The country programme is based on the GPRS and relevant national sectoral plans and strategies. The GPRS has strong links to the Millennium Development Goals and the Millennium Declaration. The country programme will contribute to the realization of the six UNDAF outcomes which are: (a) an increase in the proportion of people in Ghana, particularly those living in the most deprived districts, whose right to health is fulfilled; (b) a 100-per-cent gross school enrolment ratio and gender equity in enrolment, retention and completion in basic education in the most deprived districts; (c) strengthening of the national HIV/AIDS response; (d) policy, planning, budgeting, monitoring and evaluation processes at all levels are to be informed by effective data and information management; (e) capacities for equitable and participatory governance systems to be made effective and guided by human rights principles; and (f) increased productive capacity for sustainable livelihoods, especially in the most deprived districts.

Relationship to international priorities

33. The programme will contribute to the development of Ghana's capacities to respect, protect and promote the rights of children and women as defined in the Convention on the Rights of the Child and the Convention on the Elimination of All

Forms of Discrimination against Women. It will also contribute to the implementation of the Millennium Declaration and Millennium Development Goals for reducing poverty through the reduction of malnutrition and child mortality, achieving universal primary education, promoting gender equality, combating HIV/AIDS and improving sanitation coverage. The country programme addresses the goals of *A World Fit for Children*, the Declaration of the General Assembly Special Session on HIV/AIDS and the UNICEF medium-term strategic plan. The programme will be implemented within the context of the commitment of Ghana and its development partners to the Paris Declaration on Aid Effectiveness.

Programme components

34. The four major programme components of the country programme will support national policy analysis, strategy development and capacity-building of key government institutions. Programmes will target the most deprived areas, including the three northern regions. Interventions related to HIV/AIDS, early childhood development and emergency preparedness will be integrated into all programmes.

Health and nutrition

35. Within the framework of the health SWAp and the Programme of Work of the Ministry of Health/GHS, UNICEF will support high-impact interventions to reduce child morbidity, mortality and malnutrition. This programme will comprise four projects: child health; nutrition; PMTCT; and water and sanitation.

36. Three areas of unfinished business from the past country programme, i.e., polio eradication, universal salt iodization and guinea worm eradication will be vigorously pursued to achieve and sustain global targets during the course of the country programme cycle, through effective targeting, leveraging of support and strategic partnerships.

37. The ACSD package of intervention, i.e., antenatal care, EPI and IMCI, will be scaled up. Some key elements of this package are malaria prevention and treatment and promotion of exclusive breastfeeding, complementary feeding and positive behavioural practices of parents and families. ACSD uses three complementary strategies, i.e., facility-based services, outreach services and community and household promotion and support, to deliver selected cost-effective interventions to the majority of children and pregnant women. Direct support for full implementation of the ACSD approach in two regions and partial implementation in two additional regions will be complemented with technical support to the Ministry of Health/GHS and leveraging of resources, for nationwide scaling-up. This will be done in close collaboration with development partners including the World Bank, the Governments of Japan and the Netherlands, DFID and USAID.

38. As a complement to supporting nutrition interventions at family and community levels, the capacities of the GHS Nutrition Unit will be strengthened for improved planning, strategy development, and bringing about behavioural change in key areas affecting maternal and child nutrition, including iodine, anaemia and vitamin A.

39. Building on the PMTCT pilot model supported by UNICEF and various partners (including the World Health Organization (WHO) and Family Health International), efforts by the Ministry of Health/GHS to scale up PMTCT

nationwide will be supported. PMTCT will be expanded to include early identification and ARV treatment for HIV-positive children. UNICEF will remain an active partner of the country coordinating mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

40. To reduce child morbidity and mortality related to poor sanitation, and drawing upon UNICEF experiences globally, a low-subsidy, demand-responsive household sanitation project will be introduced in one region to demonstrate a model which can be taken to scale. Integral to the model will be the provision of school latrines and school and community hygiene education. UNICEF will remain an active partner to the National Guinea Worm Eradication Programme, in close collaboration with the Ministry of Health/GHS, the Ministry of Works and Housing, WHO, Global 2000/The Carter Center and the Japan International Cooperation Agency. Within this partnership, UNICEF will be responsible for hygiene education and safe water supply in guinea worm-endemic communities.

Education

41. Within the context of the education SWAp, UNICEF will support the Ministry of Education in implementing the national Education Strategic Plan, which is a roadmap for achieving the Millennium Development Goals related to education. Considering the challenges in the education sector and the comparative advantage of UNICEF, the following projects will be supported: basic education; pre-school education; and the HIV/AIDS School Alert Model.

42. Towards the aim of achieving gender parity and Millennial targets for universal basic education, UNICEF will build upon its experiences in supporting targeted districts and regions in accelerating quality basic education, particularly for girls and vulnerable children (including child labourers and those with disabilities and special needs). At decentralized levels, this will be done through improvement of school facilities, the establishment of safe learning environments (including protection from sexual abuse), teacher education, provision of learning and teaching materials, and school health interventions to complement government efforts. Student school governments will be promoted to enable children to express their views and opinions in matters relating to their education.

43. In a response to the Government's decision to adopt compulsory pre-school education for all four- and five-year-olds, UNICEF will support the development of a quality model that ensures stimulation and learning readiness and that can be applied at scale. The convergence of health, nutrition, water, sanitation, hygiene and the detection of disabilities within pre-schools will be facilitated. Support to basic and pre-school education will be done in close collaboration with WFP in targeted geographical areas. This will be complemented with capacity- and system-strengthening at both national and decentralized levels in collaboration with the World Bank, the United Nations Educational, Scientific and Cultural Organization, DFID, USAID and other partners.

44. In response to the increased prevalence of HIV/AIDS, UNICEF will support the Ministry of Education in firmly establishing a school-based HIV/AIDS alert model, using schools as an entry point for HIV/AIDS information and prevention interventions among young people, teachers and the community. As reflected in the Education Strategic Plan, the school alert model is expected to have nationwide

coverage by 2010. This will be done in close dialogue with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and development partners, including USAID.

45. All three education components will be addressed within the framework of policy analysis and national capacity-building; subnational institutional capacity development; and school-centred and "child-friendly" programmes at district and community levels.

Protection

46. Building on major achievements in legislation and policy development, UNICEF will continue to support the Government in finalizing a national strategic framework addressing child protection issues. A major component will be to support, in collaboration with the World Bank and DFID, the implementation of the Government's national social protection strategy. The capacities of key government institutions and units responsible for protection will be strengthened, including the Ministry of Women and Children's Affairs, the Department of Social Welfare, the Women and Justice Unit and the juvenile justice system. Where appropriate, strategic partnerships will be established with civil society and NGOs.

47. Key components will include supporting the Government to address internal and cross-border trafficking in collaboration with the International Labour Organization (ILO) and the International Organization for Migration (IOM); monitoring the situation of and ensuring protection, services and early childhood development for children made vulnerable or orphaned by AIDS; evidence-based advocacy on harmful traditional practices; and establishment of state child panels. In partnership with UNFPA and PLAN, UNICEF will support the Government in reaching 90-per-cent birth registration through institutional support to the Birth and Death Registrar and strategic partnership alliances. In collaboration with the Government, ILO, IOM, UNFPA and civil society, the situation of abuse, exploitation and violence against children and women will be closely monitored and documented.

Advocacy, communication, monitoring and analysis

48. In collaboration with national and subnational authorities, civil society, development partners and academic institutions and within the UNDAF, information about the situation of children will be continuously collected, analyzed and disseminated. This will include the careful monitoring of the impact of economic and social policies on families and children.

49. Major strategies of this programme will include: (a) information for evidenced-based advocacy and to guide policy discussions, decision-making, resource allocations and legislation; (b) support to decentralized planning, monitoring, evaluation and peer review for improved service delivery; (c) in collaboration with the United Nations system and other development partners, making operational Ghana Info, a national database to ensure regular monitoring of the Millennium Development Goals and GPRS; (d) support for monitoring and reporting processes of the Convention on the Rights of the Child, its Optional Protocols and the Convention on the Elimination of All Forms of Discrimination against Women; and (e) support to the design and implementation of key communication strategies proven effective for advancing the fulfilment of children's and women's rights.

50. The information will also guide programme communication strategies to be pursued at national and subnational levels, linked to behavioural change and the strengthening of capacities of women and children to know and claim their rights.

51. Key partners in this programme will be the GSS, the National Development and Planning Commission and relevant line ministries.

Major partnerships

52. Collaboration with United Nations agencies will be at the core of the country programme. Joint programming, within the UNDAF, will be in the areas of girls' education (with WFP); PMTCT (with UNAIDS, UNFPA and WHO); child health (with WHO), *GhanaInfo* (with UNDP, UNFPA and WFP); and child labour and trafficking (with ILO and IOM). UNICEF will work to improve the effectiveness of the United Nations system overall in the country.

53. Within the framework of the GPRS, UNICEF will continue to participate in harmonization and alignment initiatives under way in the country, including SWAPs, the Multi-Donor Budget Support framework, global mechanisms such as the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, Roll-back Malaria, etc. Strategic partnerships will be continued with the World Bank, the IMF, the private sector, universities, research institutions and NGOs in critical areas.

Monitoring, evaluation and programme management

54. A five-year integrated monitoring and evaluation plan will be linked to monitoring and evaluation of the UNDAF. This will include research, studies, surveys, evaluations and use of key indicators based on the country programme summary result matrix, the UNDAF result matrix, and the national monitoring framework of the GPRS. The 2008 GDHS will provide input for monitoring.

55. The Ministry of Finance and Economic Planning will be the national coordinating body for the programme of cooperation. A five-year country programme action plan, annual action plans and review processes will be developed together with relevant line ministries. This will include mid-term and annual reviews.

56. The country programme management plan will reflect the new programme structure and respond to the competencies required.